

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015343
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2284**

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Kansas City**

Length of stay in lb
60 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **General Hospital**

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MO**

b. COUNTY **JACKSON CLAY**

c. CITY
OR
TOWN **KANSAS CITY, MO.**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS **1505 N MONROE**

(If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
Estes

Middle

Last
McFerren

4. DATE
OF
DEATH

Month
April 21, 1962

Day
21

Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-1-1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Webster City Iowa U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

William McFerren

13b. MOTHER'S MAIDEN NAME

Martha Enales

13c. NAME OF HUSBAND OR WIFE

Florence McFerren

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

1505 N. Florence McFerren Monroe

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of head of pancreas with metastasis.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-17-62

to **4-21-62**

and last saw her

him alive on **4-21-62**

Death occurred at

7:45

P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

4-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-25-62

23c. NAME OF CEMETERY OR CREMATORY

MT Washington

23d. LOCATION (City, town, or county)

KC. MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Stine + McClure KC. MO.

25. DATE RECD. BY LOCAL REG.

4-25-62

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF Frank Ellis MEDICAL CERTIFICATION

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

1

2 **6078**

3

4 **0**

5 **1**

6

7 **1**

8 **2**

9157X

10

11

1257-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address KC, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.